

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5						
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		0		1		
11		2		1		
12		0		1		
13	1		1			
14		1		1		
15						
16		2		1		
17		0		1		
18		0		1		
19		0		1		
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50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	21	←	37	←		←
TOTAL CLAIMS	24		40			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS